

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41466

State File No.

FILED NOV 21 1957 BIRTH NO. ... REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla...Rural <i>Cad Spring Imp.</i>			c. CITY OR TOWN Edgar Springs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Trans					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HiWay 63..Six Miles So. of Rolla. STREET ADDRESS (If rural, give location) 1/4 Mile NE of Edgar Springs. 0810					
3. NAME OF DECEASED (Type or Print) DONALD		a. (First) b. (Middle) EUGENE c. (Last) MITCHELL		4. DATE OF DEATH Nov. 7, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH Feb. 12, 1931	
9. AGE (In years last birthday) 26		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Mo. Schl. of Mines		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Johnnie Mitchell		13b. MOTHER'S MAIDEN NAME Olga Hamilton		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. 497-32-5695		17. INFORMANT'S SIGNATURE OR NAME Mrs. Karl L. Hamilton, Ferguson 21, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete destruction of Skull & Brain tissue		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Auto-truck collision			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident Hiway 63	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) business of Rolla Phelps Mo	21c. (CITY, TOWN, OR TOWNSHIP) 0810 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-7-57 10:10 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision of car + truck

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on Nov 11-7, 1957 and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE S. L. Hull - Embalmer		(Degree or title)		23b. ADDRESS Rolla Mo	
23c. DATE SIGNED 11-9-57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		24d. LOCATION (City, town, or county) Rolla, Missouri	

DATE REC'D BY LOCAL REG. Nov. 11, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE By Paul E. Hull	ADDRESS Rolla Mo.,
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 875

Date Filed 11/20/57

NOV 21 1957

OCT 2 1958

MS APR 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.